College of Agriculture, Engineering & Science

“Be a Scientist for a week” - Entry Form

Closing date for applications: 31 May 2024

Email applications to:

Owen Shezi: SheziS4@ukzn.ac.za

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Tel: 031 260 7065/7878/8563

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Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary requirements: Veg/Non-Veg: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Latest Results:

Physical Science: \_\_\_\_\_\_\_

Life Science: \_\_\_\_\_\_\_\_\_\_\_

Mathematics: \_\_\_\_\_\_\_\_\_

*We hereby understand and acknowledge that although the College of Agriculture, Engineering & Science will take all necessary and reasonable precautions to ensure the safety of all “Be a Scientist” participants, participation in this event is entirely at our own risk.*

Signature of entrant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*UKZN is required to process any Personal Information (as defined by the Protection of Personal Act, 2013 “POPIA”) submitted via this document relating to your minor child’s participation in this event. The provision of this Personal Information is a mandatory requirement to allow the College to process the Entry Form according to internal policy and procedures. The retention of any personal information is a consequence of UKZN being bound by legislative requirements and/or good governance practices as well as record keeping for statistical purposes. UKZN will endeavor to ensure that the appropriate security measures are in place and implemented for both electronic and paper-based formats that are used for processing the personal information recorded in this form.* [*https://legalservices.ukzn.ac.za/wp-content/uploads/2022/04/POPIA-POLICY.pdf*](https://legalservices.ukzn.ac.za/wp-content/uploads/2022/04/POPIA-POLICY.pdf)

CONSENT AND INDEMNITY

We, the undersigned (print full name of learner) ……………………………………………….

Identity No.:.............................................................................……………………………

AND (IF THE STUDENT IS UNDER THE AGE OF MAJORITY) Name of Parents/Guardian:

Father. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ID: ……………………………………………

Mother . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ID: ……………………………………………

Do each of us agree that: Name of Learner: ……………………………………………………...

Participate in the activities of the “Be a Scientist for a Week” within the College of Agriculture, Engineering and Science at the University of KwaZulu-Natal, whether conducted at the University or extramurally including, but not limited to, studies, field trips, games, athletics, tours and excursions of general vocational, educational, historical, social or scientific interest, on the following conditions:

1. We fully understand and accept that participation in all such activities will be at our own risk.
2. We hereby authorise the University and its employees or agents to act on our behalf in respect of any circumstances pertaining to any accident or illness arising from, during, or in connection with such activities in the manner that the University, its employees, and agents in its absolute discretion deems fit. We fully accept full liability for all expenses incurred thereby or in connection therewith.
3. On behalf of ourselves, our heirs, and executors we hereby undertake to and hereby do, indemnify, absolve and hold harmless the University, its officers, its employees, agents, any person(s) acting on its behalf, or invitees against any loss in respect of all claims, proceedings, damages, costs and expenses whatsoever that may arise in the course of, or in connection with, such activities, howsoever arising, and whether as a result of negligence or otherwise.
4. I further undertake to comply with any rule or regulation relating to safety and/or the

University’s obligations under the Occupational Health and Safety Act or similar legislation as well as any reasonable instruction by any official of the University relating to the aforegoing.

1. This indemnity will operate as a continuing indemnity and cover all periods of attendance of the learner at the “Be a scientist for a week” at the University.

SIGNED AT ...........................................................ON THIS .......... DAY OF.....................................20........

AS WITNESSES

|  |  |
| --- | --- |
| 1................................................ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE OF LEARNER |
| 2................................................ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DULY ASSISTED BY PARENT/GUARDIAN |

SIGNED AT .........................................................................ON THIS .......... DAY OF.....................................20........

1........................................................ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT / GUARDIAN

2......................................................... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT / GUARDIAN